

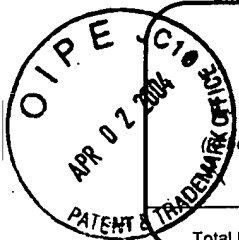
2642  
18

PTO/SB/24 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/866,806
Filing Date	05/29/2001
First Named Inventor	Sean Walsh
Art Unit	2642
Examiner Name	Chiang, Jack
Attorney Docket Number	WALS.02USC1/18459-003

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APR 06 2004

Technology Center 2600

Total Number of Pages in This Submission

13

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	- Return postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Firm check in the amount of \$437.00.	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	COCHRAN FREUND & YOUNG LLC BY JAMES R. YOUNG, REG. NO. 27,847
Signature	<i>James R. Young</i>
Date	March 29, 2004

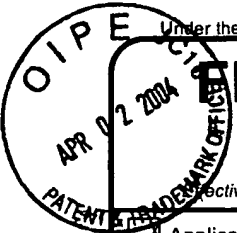
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Christie Carson		
Signature	<i>Christie Carson</i>	Date	3 29 04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 437

Complete if Known	
Application Number	09/866,806
Filing Date	05/29/2001
First Named Inventor	Sean Walsh
Examiner Name	Jack Chiang
Art Unit	2642
Attorney Docket No.	WALS.02USC1 (18459-003)

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None	<b>3. ADDITIONAL FEES</b>			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1491 Deposit Account Name: Cochran Freund & Young				Large Entity Small Entity			
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Code (\$) Fee Code (\$) Fee Description Fee Paid			
<b>1. BASIC FILING FEE</b>				2051 65 Surcharge - late filing fee or oath			
Large Entity Small Entity				2052 25 Surcharge - late provisional filing fee or cover sheet			
Fee Code (\$) Fee Code (\$) Fee Description Fee Paid				1053 130 Non-English specification			
1001 770 2001 385 Utility filing fee				1812 2,520 For filing a request for <i>ex parte</i> reexamination			
1002 340 2002 170 Design filing fee				1804 920* 1804 920* Requesting publication of SIR prior to Examiner action			
1003 530 2003 265 Plant filing fee				1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action			
1004 770 2004 385 Reissue filing fee				1251 110 2251 55 Extension for reply within first month			
1005 160 2005 80 Provisional filing fee				1252 420 2252 210 Extension for reply within second month			
SUBTOTAL (1) (\$)				1253 950 2253 475 Extension for reply within third month			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>				1254 1,480 2254 740 Extension for reply within fourth month			
Total Claims 16 -20** = 0 X Fee from below =				1255 2,010 2255 1,005 Extension for reply within fifth month			
Independent Claims 7 -3** = 4 X 43 = 172				1401 330 2401 165 Notice of Appeal			
Multiple Dependent				1402 330 2402 165 Filing a brief in support of an appeal			
Large Entity Small Entity				1403 290 2403 145 Request for oral hearing			
Fee Code (\$) Fee Code (\$) Fee Description Fee Paid				1451 1,510 1451 1,510 Petition to institute a public use proceeding			
1202 18 2202 9 Claims in excess of 20				1452 110 2452 55 Petition to revive - unavoidable			
1201 86 2201 43 Independent claims in excess of 3				1453 1,330 2453 665 Petition to revive - unintentional			
1203 290 2203 145 Multiple dependent claim, if not paid				1501 1,330 2501 665 Utility issue fee (or reissue)			
1204 86 2204 43 ** Reissue independent claims over original patent				1502 480 2502 240 Design issue fee			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				1503 640 2503 320 Plant issue fee			
SUBTOTAL (2) (\$) 172				1460 130 1460 130 Petitions to the Commissioner			
*or number previously paid, if greater; For Reissues, see above				1807 50 1807 50 Processing fee under 37 CFR 1.17(q)			
				1806 180 1806 180 Submission of Information Disclosure Stmt			
				8021 40 8021 40 Recording each patent assignment per property (times number of properties)			
				1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))			
				1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))			
				1801 770 2801 385 Request for Continued Examination (RCE)			
				1802 900 1802 900 Request for expedited examination of a design application			
				Other fee (specify) Terminal disclaimer fee 55			
				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 265			

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	James R. Young	Registration No. (Attorney/Agent)	27,847
Signature		Telephone	970-377-6363
		Date	3-29-04

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